Complete and send this form, together witn applicable fee(s), to: Mail Mail Stop ISSUE rEE Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CHIRERAT CORRESCIONARIAN CORRESCIONARIA CORRESCIO

maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
45809 SHOOK, HARI (c/o MICROSOF INTELLECTUA	2 3 2008	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.								
2555 GRAND BOKANSAS CITY,	MORNING	Glenda L. B			neman	(Depositor's name)				
/24/2008 HVUONG2 00		Gignatur (Signatur								
FC:1501 1440.00		)P		July 21		1,2008		(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVE		TOR A		RNEY DOCKET NO.	CONFIRMATION NO.		
09/506,767 TITLE OF INVENTION:	02/18/2000 SYSTEM AND METH	OD FOR PRODUCING	Craig A. Link UNIQUE ACCOUNT	NAI	MES		MFCP.68211	810	4	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	OUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DAT	E DUE	
nonprovisional	NO	\$1440	\$0		\$0		\$1440	09/2:	3/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS	<u> </u>	<b>–</b>					
AKINTOLA, OLABODE		3691	705-001000							
"Fee Address" indipTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AN		'Indication form ed. Use of a Customer	•	rnativ single y or a t attor ill be p or typ	rely, e firm (having as a gent) and the namencys or agents. If printed.	n members of up	Shook, Han er 2555 Grand ikansas City	Blvd.		
(A) NAME OF ASSIG Microsof	ft Corporation		(B) RESIDENCE: (In Redmond with the contract of the patent):	, W.	Α .			oup entity 🔲	Government	
4a. The following fee(s) a  Alssue Fee  Publication Fee (No	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the reapply and the province overpayment, to Deposit Account Number (enclose an extra copy of this form).									
NOTE: The Issue Fee and	SMALL ENTITY statul Publication Fee (if requ	s. See 37 CFR 1.27.	b. Applicant is need from anyone other t	o long	ger claiming SMA	LL EN	TITY status. See 37 C	FR 1.27(g)(2)		
Authorized Signature _ Typed or printed name	Jason O. H	me	c Office.		Date	121	62120			
This collection of informa an application. Confident submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231	Attor is required by 37 C lainty is governed by 35 application form to the ons for reducing this bur grinia 22313-1450. DO	U.S.C. 122 and 37 CFR	1.14. This collection	is est	etain a benefit by	the pub	s to complete, includir	ng gathering, i	preparing, an	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.